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Statement of

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Introduction

Good Morning. Chairman Inouye, Vice Chairman Cochran, and distinguished members of the subcommittee, I am Rear Admiral Elizabeth Niemyer, the 23rd Director of the Navy Nurse Corps. Thank you for the opportunity to speak today on the state and future vision of the Navy Nurse Corps. I first want to recognize Rear Admiral Karen Flaherty, the 22nd Director of the Navy Nurse Corps, who turned over the helm to me this past August, and now serves as the Deputy Surgeon General. I sincerely thank her for her hard work and dedication which provided for a smooth transition for the Nurse Corps.

Dr. Jonathan Woodson, our new Assistant Secretary of Defense for Health Affairs, recently spoke about the well-being of service members at the 2011 Warrior Resiliency Conference. The two-day conference focused on *Total Force Fitness*, an initiative by the Joint Chiefs of Staff. Attendees delved into a more holistic approach to the health of service members and their families. Woodson said; “Resiliency is key to the welfare of the modern troop, as extended warfare is now commonplace.” He echoed Admiral Michael Mullen, Chairman of the Joint Chiefs of Staff, by saying; “Resiliency training must be incorporated into all levels of leadership and stages of a service member’s military career.” Navy nurses understand the importance of fostering resiliency in our patients, their families, our staff, and ourselves as we adapt, overcome, and grow stronger in the enormous challenge of supporting healthcare in a variety of contingencies.

Today, I will highlight the accomplishments of the Navy Nurse Corps over the past year and discuss issues facing the Navy Nurse Corps in 2011, as we care for the health of the Force. The total Navy Nurse Corps is comprised of 3, 987 Active and Reserve component nurses and almost 2,000 government service civilian nurses. Working together, we are a collegial team of

clinicians, patient advocates, mentors, and leaders, who are a caring and compassionate face to those affected by armed conflict, natural disasters and the day-to-day challenges of work, life and family.

I will also tell you about the successes and accomplishments achieved by our Corps since we last presented to you, concluding with a discussion of the future of the Navy Nurse Corps as we forge ahead to advance nursing care, integrate evidence into practice, and elevate nursing at all levels. My strategic focus is on five key areas: Our Workforce, Nursing Knowledge, Research, Strategic Partnerships, and Information Management. It is within these five areas that I will talk about our successes and address our future efforts. However, before discussing these areas of focus, I want to share the many incredible accomplishments of Navy nurses in operational settings with the Fleet and Fleet Marine Forces, as well as review the increasingly important role that Navy nurses play in humanitarian and disaster relief missions.

Operational Support

Nowhere is Navy nursing's commitment to the operational forces more evident than in our active engagement in military operations in southwest Asia at the Expeditionary Medical Facilities in Kuwait and Kandahar, and with the 1st Marine Logistics Group in Afghanistan. Currently there are over 70 Active and 60 Reserve component nurses deployed in a variety of missions in the Central Command Area of Responsibility. At the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan, Navy nurses have taken unprecedented leadership positions both in the hospital and in the battle space of southern Afghanistan. We are clearly essential to our military's medical successes on the front lines of *Operation Enduring Freedom*. For example, nurse practitioners manage the clinical operations of the NATO Role 3 Urgent

Care Clinic, responsible for providing urgent, emergent, and non-emergent health care services to 30,000 NATO, coalition, and civilian Afghan personnel residing on the Kandahar Air Field. Navy nurses have taken a lead role in the highly successful enroute care program where specially trained flight nurses are being stationed with outlying Forward Surgical Teams, providing critical care in the air during patient transfers from distant locations to the NATO Role 3. Having flown over 100 flights in 2010, this program has recorded a remarkable 100% survival rate. An initiative undertaken by Navy nurses at the NATO Role 3, and one which contributes greatly to our efforts to improve conditions in Afghanistan is their participation in the Afghan National Army Nurse Corps' Shana baShana (Shoulder-to-Shoulder) Project at the Kandahar Regional Military Hospital. In this project, Navy nurses work in concert with a U.S. Air Force mentoring team in a recurring two-week curriculum where Navy nurses enhance and update the nursing skills of Afghan military nurses in both a classroom and clinical setting. The promise of enhanced clinical care in the Afghan healthcare system is a vision all those stationed at the NATO Role 3 share.

Navy nurses are also members of Embedded Training Teams and Provincial Reconstruction Teams, collaborating with coalition partners and offering assistance to military and civilian healthcare providers in Afghanistan. Let me share with you the experience of one of our nurses, LCDR Zaradhe Yach, who served with the Provincial Reconstruction Team (PRT) at the Forward Operation Base (FOB) Ghazni. This base is located in one of the largest and most dangerous provinces in the Regional Command East. During the first 90 days in country, FOB Ghazni was rocketed by enemy forces over 40 times. During this same time frame the PRT experienced more than 15 significant activities while conducting mounted combat patrols throughout the province and LCDR Yach was present each time, providing medical assessments

and emergency treatments to wounded service members. Patrols were engaged in complex attacks of multiple improvised explosive devices (IEDs), rocket propelled grenades (RPGs), indirect fire, and small arms fires. One IED struck her vehicle, causing catastrophic damage and injuries. The convoy was able to suppress fire and return, while LCDR Yach and her team, along with the Air Force Forward Surgical Team (FST) staff, ensured all injuries were thoroughly evaluated and treated.

During her deployment LCDR Yach facilitated health sector development between coalition partners, meeting multiple times with Afghan leaders. Additionally, she served as a mentor while leading the daily operations of the PRT aid station which provided care for coalition forces, contractors and local interpreters. Under her leadership and guidance, her clinic was able to help over 3,000 patients and distribute over \$150,000 in humanitarian aid and medical supplies, greatly enhancing the quality of life of the Afghan people. Her selfless performance of duties in a combat zone resulted in awarding of the Bronze Star Medal by the Secretary of the Army.

Navy nurses played a key role in humanitarian assistance and disaster relief operations in support of *Operation Unified Response* in Haiti. On January 16, 2010 USNS COMFORT (T-AH 20) deployed to Haiti within 72 hours notice to provide disaster relief following a magnitude 7.0 earthquake that devastated the Haitian capital and surrounding countryside. The first patient was received on January 19th, just seven days after the disaster. Nearly 200 patients were admitted within the first 40 hours on station, and the inpatient census peaked at 411 patients on January 28th. There were a total of 1,002 admissions and 931 surgical procedures conducted during this mission. Seven operating rooms ran 12 hours per day and three ran "around the clock" to

accommodate surgical emergencies. For three weeks, COMFORT was the most advanced and busiest orthopedic trauma center in the world.

Nurses aboard USS BATAAN (LHD 5) and USS CARL VINSON (CVN 70) also made significant contributions to *Operation Unified Response*. Fleet Surgical Team EIGHT nurses aboard the BATAAN participated in the care of 97 patients who were evacuated to the ship and assisted in the delivery of a healthy newborn. The sole Ship's Nurse on CARL VINSON worked with a small group of medical augmentees in caring for 60 patients admitted to the ship for medical, surgical and post-partum care. The magnitude of the mission brought an unprecedented number and complexity of casualties. Once again, Navy nursing demonstrated its flexibility, commitment, and professionalism in responding to a humanitarian crisis. Mr. Chairman, I am exceedingly proud of this amazing demonstration of how nurses from joint and international military services and non-governmental organizations united together as a global force to support the population of Haiti in their time of need.

Other significant humanitarian operations included the deployments of USNS MERCY (T-AH 19) during *Pacific Partnership 2010*, and USS IWO JIMA (LHD 7) for *Continuing Promise 2010*. In support of these missions, Navy nurses traveled to Vietnam, Cambodia, Indonesia and Timor-Leste, as well as Haiti, Colombia, Guatemala, Nicaragua, Costa Rica, Panama, Suriname and Guyana. These operations presented a unique opportunity to test our education and clinical skills in rudimentary healthcare environments, while strengthening our capability to partner with host nations, U.S. government agencies and academic institutions, international military medical personnel, regional health ministries, and nongovernmental agencies through medical, dental, and engineering outreach projects

Navy nurses continue to support the Fleet and expand the services they provide to our Sailors and Marines at sea. Nurses assigned to aircraft carriers and Fleet Surgical Teams are actively involved in operational missions around the globe and are essential members of shipboard medical teams. The nurse aboard USS HARRY S. TRUMAN (CVN 75) deployed with Strike Group 10 and Carrier Air Wing 3 in support of the wars in Afghanistan and Iraq. During this deployment, our nurse provided training to over 5,000 personnel, to include instruction in basic wounds, First Aid, and Basic Cardiac Life Support. Aboard IWO JIMA, a certified registered nurse anesthetist (CRNA) from Fleet Surgical Team FOUR assisted in a research study conducted by the Navy Environmental and Preventive Medicine Unit to evaluate occupational exposure to anesthetic gases among operating room personnel at sea. Furthermore, Fleet Surgical Team nurses flew 20 medical evacuation missions from large deck amphibious ships to USNS COMFORT or various shore-based facilities, configuring rotary wing aircraft to accommodate critically ill or injured patients, and providing life sustaining enroute nursing care under dangerous and austere conditions.

The role of Navy nurses assigned to the Marine Corps continues to expand and diversify. Currently, 18 nurses are directly attached to the Marine Corps, serving in clinics and in advanced leadership roles. For the first time in the history of the Navy Nurse Corps, the Second Marine Expeditionary Fleet Surgeon is a nurse. Battalion nurses provide operational nursing support to the Forward Resuscitative Surgical Systems (FRSS), the Shock Trauma Platoons (STPs), and to enroute care missions. The nurse at the Marine Corps Training and Education Command oversees the training plans and the Readiness Manual for Marine Corps Health Services, while nurses at the Field Medical Training Battalions provide training for all corpsman and officers attached to Marine units in support of operational missions.

Navy nurses remain inherently flexible and capable of supporting multiple missions in many settings and various platforms. I am continually awed by the men and women in the Navy Nurse Corps. They demonstrate daily that they are uniquely suited to answer the call when a medical response is required.

Mr. Chairman, the remainder of my testimony is organized around my five key areas of strategic focus: Our Workforce, Nursing Knowledge, Research, Strategic Partnerships and Information Management.

Our Workforce

Today's Navy Nurse Corps active component (AC) is manned at 92.0% with 2,852 nurses currently serving around the world. For the fifth consecutive year, we have achieved Navy nursing's AC recruiting goal. This is quite an accomplishment only seven months into the current fiscal year. The reserve component (RC) is 85.9% manned with 1,135 nurses in inventory, and has reached 48% of their Fiscal Year 2011 recruiting goal with five months remaining this fiscal year. I attribute our recruiting successes to the continued funding support for our accession and incentive programs, the local recruiting activities of Navy Recruiters, direct involvement of Navy nurses, and the continued positive public perception of service to our country.

The top two direct accession programs that favorably impact our recruiting efforts in the Active component include the Nurse Accession Bonus and the Nurse Candidate Program. The Nurse Accession Bonus continues to offer a \$20,000 sign-on bonus for a three-year commitment and \$30,000 for a four-year commitment; and the Nurse Candidate Program, tailored for students who need financial assistance while attending school, provides a \$10,000 sign-on bonus and \$1,000 monthly stipend. I would like to thank you Mr. Chairman, Vice Chairman Cochran, and all committee members for this ongoing and vital support.

For the RC, a vigorous recruiting plan requires flexible tools to ensure we target high quality officers with appropriate skill sets. Incentive programs have proven to be key to recruiting the correct number of officers with the right skills. It is essential that our critical shortage of registered nurses in the specialties of CRNAs, critical care, medical-surgical, perioperative, and psychiatric nursing as well as mental health nurse practitioners are offered competitive incentives. The new officer affiliation and incentive program available to registered nurses in our critical shortage specialties is favorably impacting our reserve component recruiting efforts this fiscal year. The new incentives offer \$10,000 - \$25,000 per year depending on the specialty area of practice and service obligation incurred. Loan repayment programs have also proven to be of great value in attracting critical shortage specialties, such as, advanced practice CRNAs and mental health nurse practitioners.

We know that as the economy improves and civilian nursing opportunities expand through the *Affordable Care Act* we might once again be faced with recruiting and retention challenges. In anticipation of these challenges, we are inviting nursing students and new graduate nurses to participate as American Red Cross volunteers at our hospitals and clinics to enhance exposure to the military. Additionally, we assigned a Nurse Corps fellow to my staff to monitor recruitment and retention, and to ensure that both remain a priority.

The education and training department at Naval Medical Center Portsmouth assists with a monthly recruitment seminar in which Corps representatives speak to prospective nurses and physicians about Navy Medicine. These sessions allow for arranging tours and one-on-one meetings with junior nurses to answer questions about military healthcare. Additionally, nurses aboard aircraft carriers, hospital ships and on Fleet Surgical Teams contribute to the recruiting effort by providing shipboard tours to prospective nurses, dentists, physicians and other

healthcare professionals, ultimately enhancing their knowledge of and exposure to operational medicine and shipboard life.

With the ongoing war, we are keenly aware of the need to grow and retain nurses in our critical war-time subspecialties. Though loss rates have improved overall, there remains a gap in the inventory to authorized billets for junior nurses with five to ten years of commissioned service. Key efforts which have positively impacted retention continue to include Registered Nurse Incentive Special Pay (RN-ISP), which targets bonuses to undermanned clinical nursing specialties, and the Health Professional Loan Repayment Program (HPLRP), which offers educational loan repayment up to \$40,000 per year. Full-time Duty Under Instruction (DUINS) further supports Navy recruitment and retention objectives by encouraging higher levels of professional knowledge and technical competence. Training requirements are selected on Navy nursing needs for advanced skills in war-time critical subspecialties. Seventy- six applicants were selected for DUINS through the FY11 board.

We remain diligent in our efforts to grow and sustain our community of mental health nurses. The Navy Nurse Corps is entering its fourth year of officially recognizing the psychiatric mental health nurse practitioner specialty. Restructuring this manpower shift has not been without its challenges, but we are actively involved in building and expanding the close network of advanced practice psychiatric mental health nurses with their peers outside the mental health arena. We currently have two mental health nurse practitioners assigned to the U.S. Marine Corps at the 1st and 2nd Marine Divisions, and a majority of our mental health nurse deployments have been in support of Joint Medical Task Force, Guantanamo Bay, Cuba. Many of our Navy psychiatric mental health nurses remain fully integrated in one collaborative mental health care approach and are active members of Wounded, Ill and Injured programs.

Nursing Knowledge

Care for both service members and their families is the top priority for Navy Nursing, Navy Medicine and the Department of Defense. Nurses are a key component of Family and Patient Centered Care initiatives, and I would like to share with you a few success stories where Navy nurses are leading the charge.

Nurse Case Managers provide services to the Wounded Warrior that span the entire care continuum from point of injury to either return to active duty or medical separation from service. The journey from theatre to stateside care is only the beginning of a long road of recovery for returning Wounded, Ill and Injured warriors who are often facing extensive care and rehabilitation for life-changing physical, psychological and cognitive injuries. The complexity of medical health care and military systems is often overwhelming to the Wounded, Ill and Injured service members, thus driving a critical need for someone to coordinate care and support services. Nurse case managers are the “SOS or 1-800” contact for the patient and family throughout the continuum of care. The nurse case managers, along with Navy Safe Harbor and the U.S. Marine Corps Wounded Warrior Regiment, bring a more holistic approach to transition of the Wounded, Ill and Injured into the Veterans Affairs (VA) or civilian care by addressing the medical and the non-medical needs concurrently. This collaboration is important to reducing stress and confusion during transition. I am proud to report that our Clinical Case Management Program has been recognized nationally by being awarded the 2010 Platinum Award for the Best Military Case Management Program. This award was presented by the Case Management Society of America and was featured in their journal, *Case In Point* in May 2010. Case management is at the heart of ensuring the development of comprehensive plans of care and ensuring smooth transitions for all Wounded, Ill and Injured service members and their families.

In support of the Navy's efforts to develop resilience in Sailors, Marines, families and commands, we have detailed a senior mental health nurse to the Chief of Naval Personnel to implement the Navy's Operational Stress Control (OSC) program. This comprehensive effort is line-owned and led, integrating policies and initiatives under one overarching umbrella. The program is designed to build resilience and to increase the acceptance of seeking help for stress-related injuries through education, training and communication. Twenty-three modules of formal curriculum have been developed and are being taught at key nodes in a Sailor's career - from boot camp to the Naval War College, with more than 206,000 receiving training to date. We are working hard to develop a culture that rewards preventive actions and recognizes that seeking help is a sign of strength. Navy nurses are uniquely qualified to function in this non-traditional role where the focus is on building resilience and prevention vice treating injury or illness.

During the past year we completed a nurse led Navy Medicine assessment of caregiver occupational stress. Not surprisingly, the study found evidence of caregiver occupational stress. The study also identified that meaningful work, good training, and engaged clinical leaders all contribute to building caregiver resilience. Our future efforts will continue to invest in strategies that enhance resilience and performance while identifying and mitigating expected caregiver demands.

Clinical excellence is the cornerstone of Navy Nursing. An innovative program titled *The Immersion in Critical Care and Emergency Nursing (ICE)* program at Naval Medical Center Portsmouth has been designed to train and sustain skills essential to our critical wartime specialties. This three-part program, consists first of prerequisite training with introductory courses and modules available to and within the Military treatment facility (MTF). The second

phase is the Simulation/Skills Lab which targets skills review and specific patient scenarios for high risk situations encountered by the nurse. The final phase involves a practicum with time spent delivering hands-on patient care, focused on specific areas of the specialty. The first nurses to attend this program are just weeks into their deployment rotation at the Expeditionary Medical Facility in Kuwait, so feedback has not been obtained post-deployment. However, we anticipate that ICE will be of great value in introducing nurses to critical care and emergency nursing situations prior to future deployments.

To promote clinical excellence for families of Sailors and Marines we are preparing nurses for unexpected emergencies both stateside and overseas. This year our nurses participated in Mobile Obstetric Emergencies Simulator training at Madigan Army Medical Center, Fort Lewis, along with health providers from all branches of the armed forces. Additionally, we joined in community outreach by partnering with *Baby Connections*, a care-giver and infant learning/play group facilitated by the local county health department, providing information to caregivers regarding development, infant care, breastfeeding, and dental care for newborns to three year olds. Navy nurses serve as members of breastfeeding coalitions and have established lactation consultant presence in hospitals, clinics, and at fleet commands, all in support of initiatives to meet the Healthy People 2020 goals. Nurses are involved in numerous programs which support family centered care, including the *Happiest Baby on the Block* and parent-infant bonding programs. Family-centered care is the foundation of our care delivery model in all treatment facilities.

Nurse Corps officers are actively involved in mentoring baccalaureate and master's students at universities throughout Navy Medicine. Naval Medical Center Portsmouth identified the need for a Nurse Education Coordinator who has the responsibility of coordinating the

activities for over 30 local and distance learning schools of nursing from the licensed practical nurse-level to the facilitation of graduate-level clinical experiences. We realize that community involvement with the future nursing workforce is key to both our recruiting and retention efforts as well as to creating a multi-talented, diverse workforce. We are committed to providing high quality clinical experiences to students whenever possible.

For the third year, I am pleased to tell you that funding has allowed us to continue support of the Graduate Program for Federal Civilian Registered Nurses (GPFERN). We recognize the challenges associated with recruitment and retention of civilian nurses for Federal service positions, and continue to see this program as a way to cultivate clinical expertise and future nursing leaders from our civilian workforce by offering graduate nursing education. In the fall we will select another five nurses to attend programs across the country to develop skills as a clinical nurse specialist. After graduation, they will continue their federal service, directing expert clinical nursing practice across the enterprise.

Navy nurses are at the forefront of Navy Medicine leadership. There are currently eight Nurse Corps Officers serving as commanding officers. In addition, nurses are encouraged to assume leadership positions as associate directors and directors, sometimes in non-traditional nursing roles. Our operational nurses also serve in key leadership roles while underway. This year, the first Nurse Corps Officer held the position of Deputy Commander for the Joint Medical Group with the Joint Task Force Guantanamo, Guantanamo Bay, Cuba. Leaders in executive medicine positions showcase the versatility of our Corps and pave the path for an expanded role for future Nurse Corps leaders.

This year, 22 nurses aboard aircraft carriers and amphibious ships earned the Surface Warfare Medical Department Officer qualification. This qualification is earned by Medical

Department officers who attain extensive shipboard knowledge and experience outside of the medical professions. This includes knowledge of engineering systems, navigation methods, communication and weapon systems and offensive and defensive capabilities. The qualification requires knowledge of watch standing responsibilities on the Bridge and in the Combat Information Center and culminates with a final qualifying oral board. Nurses also earn and wear the Fleet Marine Force (FMF) Qualified Officer Insignia. The FMF insignia is earned by Navy officers assigned to the Fleet Marine Force, and it clearly makes a statement that the wearer is a key member of the Marine Corps team. Earning this designation requires serving for one year in a Marine Corps command, passing an arduous written test, completing the Marine physical fitness test, and passing an oral board conducted by FMF qualified officers. To date, we have 56 nurses holding this qualification, from our junior lieutenant junior grades officers, to officers holding the rank of captain.

Nurses are not just caregivers, but are a vital part of our organizational structure as mentors to junior officers and our enlisted personnel. Navy-wide, nurses are seen leading Junior Officer Career Development seminars, speaking at local high schools, health fairs, and community colleges. We are actively involved with Navy Nurse Corps students at our Reserve Officer Training Corps (NROTC) programs, frequently attending activities to support and mentor students during their time in school. These experiences are mutually beneficial, providing opportunities for junior nurses to be involved within our community by establishing and maintaining professional relationships, and allowing junior nurses and nurse candidates to seek guidance from senior nurses.

Deployed nurses also serve as mentors and educators for other officers and enlisted personnel. One Navy Nurse recently returned from a six-month deployment as an individual

augmentee in Camp Bastion, Helmand Province, Afghanistan. He was an integral part of the Emergency/Trauma Department where they provided direct patient care to 4,000 combat and non-combat injured patients, delivering over 3,600 units of blood products. During his deployment, this officer conducted TeamSTEPPS® Essential training to the Emergency Department. The Department of Defense, in collaboration with the Agency for Healthcare Research and Quality (AHRQ), developed the TeamSTEPPS® program to serve as a powerful, evidence-based teamwork system to improve communication and teamwork skills. I am proud this energetic Navy Nurse took this training to the deck plate, recognizing that we demand excellence in healthcare quality even at our most remote locations. It is this type of engaged leadership that is the hallmark of Navy Nursing.

Mr. Chairman, I am privileged to provide an update to you and your Committee on the progress of the Navy Nurse Corps initiative for doctoral preparation of our nurse practitioners and nurse anesthetists. As you recall, the 2009 National Defense Authorization Act (Senate Report 111-74, page 275) provided direction from this committee, describing your support of graduate nursing education through our Duty Under Instruction (DUINS) program for training nurse practitioners. The Committee directed the Service Surgeons General, in coordination with the Nurse Corps Chiefs, to provide a report outlining a critical analysis of emerging trends in graduate nurse practitioner education, with an emphasis on the consideration of replacing Master's in Nursing preparation with a Doctorate of Nursing Practice degree program. We submitted that Report to Congress in March of 2009, and I am pleased to tell you we immediately identified top performers who were completing their Masters degrees, selecting them to add additional time onto their schooling to complete their Doctorate of Nursing Practice. This past November, we selected seven additional nurses to either transition their Master's

program to a Doctorate of Nursing Practice, or to pursue education which will take them from their Bachelor's nursing degree directly into doctoral level work, bypassing the Masters degree. Staff members from my office are diligently working on a promotion and schooling plan to send newly trained nurse practitioners and nurse anesthetists to study directly for their doctoral education.

Nursing Research

The National Institute of Health (NIH), through The National Institute of Nursing Research (NINR), defines nursing research as the development of knowledge to build a scientific foundation for clinical nursing practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and enhance end-of-life and palliative care. We have numerous Navy Nursing and joint research and evidence-based projects in process, and continue to be extremely grateful for your ongoing support of the TriService Nursing Research Program. Research projects are currently being conducted by active and reserve component nurses on clinical topics such as; heat illness, hemorrhagic shock, development of Navy-wide evidence-based guidelines for wound care management and pressure ulcers, ultrasound guided and peripheral nerve stimulation techniques, catheter removal and motor function recovery, the role of nursing in implementation of a Patient Centered Medical Home (PCMH) in MTFs, virtual reality for stress inoculation, clinical knowledge development and continuity of care for injured service members, competency and work environments of perioperative nurses, moral distress, and nurse-managed clinics.

One study of interest is a collaborative project Navy is leading which includes nurse researchers from the Army, Air Force and the VA. The purpose of this study is to gather first

person experience-near accounts of experiential learning of military and civilian nurses caring for wounded service members, along with first person accounts of service members' memories of all levels of care and transitions from the combat zone to rehabilitation. The knowledge gained about their wounded care journey is essential in order to develop and sustain nursing competencies, and to examine the acute and rehabilitative factors affecting reintegration of the wounded warrior. This study also has critical utility for optimal functioning of service members returning to the United States, transitioning into the military and Veterans Affairs health care systems, and for developing training programs with military health care personnel who work with service members in acute and rehabilitation health care settings. Preliminary data analysis is underway. Nurses have shared their expertise and knowledge, and lessons learned are being formulated to improve patient care throughout the Department of Defense and VA healthcare systems.

Nurse researchers are also actively conducting research to explore retention of recalled reservists, psychometric evaluation of a triage decision making, and construction of learning experiences using clinical simulations. Without your initial support of the TriService Nursing Research Program in the early 1990's this would have been a very difficult task to achieve. Ongoing support of military nursing research as a unique and distinct entity is vital to the advancement of this important niche of science to our nation.

Strategic Partnerships

A collaborative approach between Services and federal agencies has never been more important than it is today. Navy nurses, find themselves serving as individual augmentees (IAs) with sister Services, working in federal healthcare facilities such as the James Lovell Federal

Health Care Center in Great Lakes, supporting academia in facilities such as the Uniformed Services University Graduate School of Nursing and serving in Joint Commands.

The Captain James A. Lovell Federal Health Care Center (FHCC) is the nation's first fully integrated medical facility between the VA and DoD. Established on Oct. 1, 2010, the facility integrates all medical care into a federal health care center with a single combined VA and Navy mission, serving military members, Veterans, military family members and retirees. Integrating many "types" of nurses has been rewarding, and had very few challenges. Combining the strengths of active duty, DoD, VA nurses and contract nurses, we have formed one orientation nursing program, increased the venues for active duty nurses to obtain their clinical sustainment hours, and combined forces for one Executive Committee of the Nursing staff, with Navy and VA Nursing Executives as equal co-chairs.

Coordination of seamless care is a top priority for the ongoing care of our Wounded Warriors. I am pleased to tell you about a joint initiative between the Deputy Secretary of Veterans Affairs and the Deputy Secretary of Defense to staff a Navy Nurse Corps officer directly to a newly created position at the VA Headquarters in Washington, DC. This nurse will work directly with the Federal Recovery Coordinator Program to uncover process issues and craft solutions to streamline care. The nurse will serve as a vital link between the Veterans Affairs Federal Recovery Coordination Program and the MTFs to assist severely Wounded, Ill and Injured patients and their family members in the complex coordination of their care throughout the rehabilitation continuum. I look forward to providing additional information to you next year on this important role.

Our nurses in Guam have joined their civilian counterparts from Guam Memorial Hospital and Air Force nurses from Anderson Air Force Base to share their skills and

experiences. Navy nurses provide the Trauma Nursing Core Course both for providers and instructors. This course has been instrumental in building the confidence and honing assessment skills of nurses who normally do not work in an Emergency Department setting. Naval Hospital Guam also included Joint Medical Attendant Transport Team (JMATT) members in their Emergency Department, allowing them to receive this training at no-cost.

The nurses in the Primary Care Clinic at Naval Health Clinic Corpus Christi (NHCCC) collaborated with our Air Force Nursing counterparts at Wilford Hall Medical Center Diabetes Center of Excellence in San Antonio regarding Diabetes Education. The staff at Wilford Hall Medical Center routinely travels to Naval Health Clinic Corpus Christi to provide monthly diabetic education classes to our patients. In addition, they provide "train the trainer" sessions so our staff can assume the role as the trainer. Naval Health Clinic Corpus Christi also established a collaborative relationship with Brooke Army Medical Center for supplementary clinical experiences.

Naval Hospital Pensacola maintains a Memorandum of Understanding with the local trauma center, allowing collaboration for training and clinical sustainment in critical care, pediatrics, neonatal, and high risk obstetrics. Additionally, the civilian community nurses provide trainers for our specialty neonatal course that prepares staff in the care of high acuity newborns needing transfer to a higher level of care. Recognizing that our nurses must be operationally prepared for deployment, but may have limited inpatient nursing care exposure while working in the clinic environment similar arrangements with inpatient facilities have been made in Hawaii at Tripler Army Medical Center and Newport, Rhode Island with the Providence Veteran's Hospital. We remain grateful to the Army, Air Force, Veterans Affairs and civilian facilities for these partnerships.

Our RC nurses routinely participate in joint initiatives. Through their reserve commands, Nurse Corps Officers take part in joint training exercises with the Coast Guard, Seabee forces through Naval Mobile Construction Battalions, and Air Force and Army medical teams. Our Operational Hospital Support Units have agreements with Veterans Affairs Medical Centers in several states to provide real time patient treatment both for nurses and hospital corpsmen during drill weekends. This not only supports their continued training and clinical sustainment requirements, but provides additional resources for the VA facility.

I am excited to tell you about our annual "Host Nation Symposium" event at Naval Hospital Rota, Spain, where health care providers in the community and military gather to share education and best practices between the two unique health care systems. It also provides an opportunity for members of Navy Medicine to meet their counterparts and build camaraderie. We are also partnering with the head of the Spanish Nurse Corps in Rota to allow newly graduated Spanish military nurses to work in our facility. Their graduates spend approximately two weeks at our hospital shadowing fellow American nurses. In turn, select military nurses then travel to a trauma course hosted in Madrid. Both the Commanding Officer and Surgeon General from Spain are very optimistic, seeing this exchange as an opportunity to provide diverse experiences and better understand the diverse cultures and healthcare needs of our allies.

Information Management

The sharing and quick dissemination of news, resources and announcements is a top priority of the Navy Nurse Corps. From a needs assessment, we know that nurses want rapid and easy online access to information which can be accessed at work whether in a traditional or

deployed environment. *Navy Knowledge Online* serves as one platform for that capability and we are working to maximize its utility while we leverage other means of communication.

Last year we reported the launch of the active duty Nurse Corps Career Planning Guide, a web-based mentoring tool for nurses at each stage of their career. Informally the feedback received has been overwhelmingly positive. Within the past several months we deployed similar Career Planning Guides for Reserve Nurse Corps Officers and Government Service Civilian nurses on *Navy Knowledge Online*. Both groups play a critical role in contributing to the Nurse Corps and Navy Medicine as we meet our peace and wartime missions. As “One Team,” our civilian nurses work with our military staff, providing continuity, experience, and enabling our military nurses to deploy in support of our warriors in the field. Navy Nursing is committed to providing all of our nurses the opportunities to enhance their understanding of operational medicine, grow professionally, and give them the tools to be leaders in Navy Medicine. The web-based Career Planning Guides (active, reserve and government service) provide a “point and click” list of resources to maximize career opportunities and knowledge for all nurses commensurate with rank and time in service. For example, under “Operational Support,” information on Navy War College Distant Learning Courses are provided, plus numerous links, and articles to enhance their operational skills & knowledge. To help nurses grow professionally, all the Bureau of Medicine and Surgery training and reimbursement opportunities are placed in a “one stop” shop. Finally, civilian nurses serve in leadership positions as directors, department heads and division officers. Our Civilian Career Planning Guide gives them comprehensive information and links to help them manage their military and civilian workforce, and grow as a leader in Navy Medicine. We are able to meet our mission requirements because of our dedicated civilian nurses, and it is an honor to work with them side-

by-side in today's Navy Medicine. We will formally evaluate all three Career Planning guides and will continue to adjust information based on feedback from the end users.

Future Direction

In September 2010, I met with a core group of leaders to formulate my 2011 Navy Nurse Corps Strategic Plan. Included in the discussions were Specialty Leaders representing over 70% of all Nurse Corps officers; headquarters staff; junior officers from Navy Medicine East, West, and the National Capital Region; and the Army Deputy Commander for Nursing Services from the National Naval Medical Center. During this two-day offsite meeting, five key goals were identified and Team Champions named. Since then, the Strategic Goal teams—comprised of nurses from around the world—have collaborated on projects to meet identified objectives within the five areas of focus: Workforce (maximizing human capital), Nursing Knowledge, Nursing Research, Strategic Partnerships, and Information Management. I recently had my first quarterly update, and I am confident the teams are on track to make solid recommendations for action. I look forward to my next report when I can share with you the accomplishments of Navy nurses throughout 2011 and update you on their initiatives in support of Navy Medicine.

Conclusion

Navy Nurse Corps officers are healers of mind, body and spirit; ambassadors of hope; respected nursing professionals and commissioned officers. Being in the military has its challenges, yet it is these challenges that allow Navy nurses to excel both personally and professionally. Mr. Chairman, Vice Chairman Cochran, and distinguished members of the subcommittee, thank you for providing me this opportunity to share the state and future direction of the Navy Nurse Corps and our continuing efforts to meet Navy Medicine's mission. Our Navy Medicine concept of care will remain patient and family focused; never losing perspective in the care for those wounded, ill, or injured, their families, our retirees and their families, and each other. I am honored to be here today to represent the Navy nursing team, and I look forward to continuing to serve as the 23rd Director of the Navy Nurse Corps.